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Bib Data Sheet

CONFIRMATION NO. 8150

SERIAL NUMBER 10/718,254	FILING OR 371(c) DATE 11/20/2003 RULE	CLASS 128	GROUP ART UNIT 3743	ATTORNEY DOCKET NO. 9473.18472
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APPLICANTS

Lionel M. Nelson, Los Altos, CA;
 Eric N. Doelling, Sunnyvale, CA;
 Ronald G. Lax, Tarpon Springs, FL;
 Jinfang Liu, Lancaster, PA;
 Ryan P. Boucher, San Francisco, CA;
 Allan R. Will, Atherton, CA;

** CONTINUING DATA *****

This application is a CIP of 10/656,861 09/06/2003 and is a CIP of 10/236,455 09/06/2002
 and claims benefit of 60/441,639 01/22/2003
 and claims benefit of 60/456,164 03/20/2003 *ref*

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 02/19/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 22	TOTAL CLAIMS 46	INDEPENDENT CLAIMS 7
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Heath Loh</i> Examiner's Signature	<i>RL</i> Initials			

ADDRESS

58633

TITLE

Devices, systems, and methods to fixate tissue within the regions of body, such as the pharyngeal conduit

FILING FEE RECEIVED 1145	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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